

CLAIMS ONLY							Application Number		Filing Date		
							Applicant(s)				
* May be used for additional claims or amendments											
CLAIMS	AS FILED		AFTER FIRST AMENDMENT		AFTER SECOND AMENDMENT						
	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	Indep	Depend	
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48							98				
49							99				
50							100				
Total Indep							Total Indep				
Total Depend							Total Depend				
Total Claims							Total Claims				

BEST AVAILABLE COPY

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							Applicant(s)			
* May be used for additional claims or amendments										
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49							99			
50							100			
Total Indep							Total Indep			
Total Depend							Total Depend			
Total Claims							Total Claims			